

## Application Data Sheet

### Application Information

|                                  |                        |
|----------------------------------|------------------------|
| Application Type::               | Regular                |
| Subject Matter::                 | Utility                |
| Suggested Classification::       |                        |
| Suggested Group Art Unit::       |                        |
| CD-ROM or CD_R?::                | None                   |
| Number of CD disks::             |                        |
| Number of copies of CDs::        |                        |
| Sequence Submission::            | No                     |
| Computer Readable Form (CRF)?::  | No                     |
| Title::                          | SNOWMOBILE DRIVE TRACK |
| Attorney Docket Number::         | 7432.187USU1           |
| Request For Early Publication::  | No                     |
| Request For Non-Publication::    | No                     |
| Suggested Drawing Figure::       |                        |
| Total Drawing Sheets::           | 9                      |
| Small Entity::                   | No                     |
| Latin Name::                     |                        |
| Variety Denomination Name::      |                        |
| Petition Included::              | No                     |
| Petition Type::                  |                        |
| Licensed US Govt. Agency::       |                        |
| Contract or Grant Numbers::      |                        |
| Secrecy Order in Parent Appl.?:: | No                     |

Initial 02/23/04

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED STATES  
Status:: Full Capacity  
Given Name:: BRET  
Middle Name::  
Family Name:: RASMUSSEN  
Name Suffix::  
City of Residence:: PRESTON  
State or Province of Residence:: IDAHO  
Country of Residence:: UNITED STATES  
Street of mailing address:: 29 W. ONEIDA  
City of mailing address:: PRESTON  
State or Province of mailing address:: IDAHO  
Country of mailing address:: UNITED STATES  
Postal or Zip Code of mailing address:: 83263

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED STATES  
Status:: Full Capacity  
Given Name:: JASON  
Middle Name::  
Family Name:: HOWELL  
Name Suffix::  
City of Residence:: THIEF RIVER FALLS  
State or Province of Residence:: MINNESOTA  
Country of Residence:: UNITED STATES  
Street of mailing address:: P.O. BOX 342

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City of mailing address:: THIEF RIVER FALLS  
State or Province of mailing address:: MINNESOTA  
Country of mailing address:: UNITED STATES  
Postal or Zip Code of mailing address:: 56701

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED STATES  
Status:: Full Capacity  
Given Name:: MIKE  
Middle Name::  
Family Name:: KONICKSON  
Name Suffix::  
City of Residence:: THIEF RIVER FALLS  
State or Province of Residence:: MINNESOTA  
Country of Residence:: UNITED STATES  
Street of mailing address:: 2233 NELSON DR.  
City of mailing address:: THIEF RIVER FALLS  
State or Province of mailing address:: MINNESOTA  
Country of mailing address:: UNITED STATES  
Postal or Zip Code of mailing address:: 56701

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

|                                  |       |
|----------------------------------|-------|
| Representative Customer Number:: | 23552 |
|----------------------------------|-------|

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## Domestic Priority Information

|                  |                     |                      |                      |
|------------------|---------------------|----------------------|----------------------|
| Application::    | Continuation Type:: | Parent Application:: | Parent Filing Date:: |
| This application | Non-Provisional of  | 60/449792            | 02/24/03             |

## Assignee Information

Assignee Name:: ARCTIC CAT, INC.  
Street of mailing address:: P.O. BOX 810, 601 SOUTH BROOKS AVENUE  
City of mailing address:: THIEF RIVER FALLS  
State or Province of mailing address:: MINNESOTA  
Country of mailing address:: UNITED STATES  
Postal or Zip Code of mailing address:: 56701